PTO/SB/06 (08-00)
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o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 11321-P011C1D3 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA** RATE **FEE** RATE FEE BASIC FEE 370 OR (37 CFR 1,16(a)) TOTAL CLAIMS minus 20 = 37 57 9= (37 CFR 1.16(c)) OR 0.00 x \$_ 333.00 INDEPENDENT CLAIMS 4 42 = minus 3 = OR (37 CFR 1.16(b)) 168.00 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 871.00 0.00 **TOTAL** OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) 1733 **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL **RATE** TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent *** Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL

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OR

ADDIT. FEE

ADDIT. FEE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

11321- PO11

		CLAIMS A	SMALL ENTITY			OTHER	OTHER THAN					
(Column 1) (Column 2)								TYPE				ENTITY
TOTAL CLAIMS			5	51				RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			57 minus 20=		* 3)			X\$ 9=	333	OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		* 4			X42=	165	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=	1000		+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	817	OR OR	TOTAL	-
CLAIMS AS AMENDED - PART II								TOTAL	31/	JOH	OTHER	THAN
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL	ENTITY	OR	SMALL	
AMENDMENT A			NUME PREVIO PAID F		BER PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	* 5//	Minus	*5	_	=		X\$ 9=		OR	X\$18=	
AM	Independent * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	2	[X42=		OR	X84=	
							'	+140=		OR	+280=	
							^	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									_		RDDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	<u> </u>	=		X42=		OR	X84=	
	THOTTHESE	MATION OF MC	ILTIPLE DEF	ZENDENT	CLAIM		」	+140=		OR	+280=	
BEST AVAILABLE COPY								TOTAL		L	TOTAL	
		(Column 1)		(Colum		(Column 3)	A	DDIT. FEE L		Ι Ο Α	DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	, , , ,
AME	Independent	*	Minus	***		=-		X42=		_	·X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM	:	│ ├			OR	7,04=	
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												